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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US04/21776 07/07/2004 which claims benefit of 60/486,691 07/11/2003

*CCPR 06/26/2007*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/19/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TN	0	12	3
Verified and Acknowledged	<i>CCPR 06/26/2007</i> <i>CCPR</i> Examiner's Signature Initials				

## ADDRESS

210

## TITLE

Treatment of movement disorders with a metabotropic glutamate 4 receptor positive allosteric modulator

FILING FEE RECEIVED 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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